DEPARTMENT	OF HEALTH AN	ID HUMAN	SERVICES
HEALTH CARE	FINANCING AD	MINISTRA	TION

FORM APPROVED OMB NO. 0938-0193

	190 SUL B & 4 AND SUL BARRIORS & A B & B & B & B & B & B & B & B & B &	1	TRANSMIT	TAL N	NUMBER	************	2 STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		L	1 3	-	0 0	1	West Virginia	
		3 PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)						
TO:	REGIONAL ADMINISTRATOR	4	PROPOSE	D EFF	ECTIVE DAT	E		
	HEALTH CARE FINANCING ADMINISTRATION		01/01/2013					
	DEPARTMENT OF HEALTH AND HUMAN SERVICES	<u> </u>	- .					
5	TYPE OF PLAN MATERIAL (Check One)							
	NEW STATE PLAN AMENDMENT TO BE CONSID	DER	ED AS NEV	√ PLA	N	X	AMENDMENT	
	COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM	ENT	(Separate	Trans	milial for each	ome:	ndment)	
6	6 FEDERAL STATUTE/REGULATION CITATION.				ET IMPACT		700.002 J568.265.	
1860D-2(e)(2)(A) of the Act			a FFY		2013 2014	\$	197 695.637	
8.	B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)					
	Supplement 2 to Attachment 3 1-A & 3 19-B, page 4		Supplement 2 to Allachment 3.1-A and 3.19-B, page 4					
10	SUBJECT OF AMENDMENT Revision to include Barbiluates "used in the freatment of apilepsy, cancer or a c Part D drug coverage as Section 175 of the Medicare Improvement for Patjents section 1860D-2(e)(2)(A) of the Act provides	hron and	iic muntal he I PRoviders	aith d	sonder and t 2008 (*MIPP	oenzox 'A") ar	diazapines in nendod	
11	GOVERNOR'S REVIEW (Check One)							
	GOVERNOR'S OFFICE REPORTED NO COMMENT			отн	ER. AS SPEC	IFIED		
	X COMMENTS OF GOVERNOR'S OFFICE ENCLOSED							
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL							
12	SIGNATURE OF STATE AGENCY OFFICIAL	16	RETURN	10.		***************************************		
13	TYPED NAME.	1	Bureau	for N	ledical Ser	vices	5	
	Nancy V Alkins, RN, MSN, NP-BC		350 Capitol Street Room 251					
14.			Charleston West Virginia 25301					
	Commissioner							
15.	DATE SUBMITTED. 3-25 3 (NC)							
	FOR REGIONAL OFFIC	E U	ISE ONLY					
17	MARCH 25, 2013	18	DATE APF		3 1	ንበ ٔ	13	
	PLAN APPROVED - ONE C	OP		4NN		<u> </u>	L .y	
19	EFFECTIVE DATE OF APPROVED MATERIAL. JANUARY 1, 2013	20	SIGNATUI	RE OF	PEGE CONTY	OFFIC	ight.	
21	TRANCTS McCullough		TITLE	<i>L.</i>	0 1	<u>,</u> Λ	Lucida to banks	
23	REMARKS.		330011	161	iegiona	1 /1/	dministrator/DMXHO	
#	7 Federal Budget Impact: Perland in	K	chan	ge	made	to	reflect	
1	FY2013 [568, 265-73] FFY 2014	1	[747	,6	95.63	، ک	with Approval	
(of West Virgidia Bureau For Medical	٤ '	rea ui	رح.5			,	
FOR	M HCFA-178 (07-92) INSTRUCTIONS ON	DAC						
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